

BP-A399_TRANSFER ORDER

TRANSFER ORDER

In accordance with the authority provided in Title 18, U.S. Code, Section 3621, and the authority delegated to me by the Director of the Bureau of Prisons, I hereby order transfer of:

Name of Inmate	Register Number
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From (Name of Institution and Location)

To (Name of Institution and Location)

Reason for Transfer

Transfer Code	Parole Status	Custody Classification	Health Status
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Central Inmate Monitoring Case ☐ No ☐ Yes CIMC Assignment : _____

Signature of Transferring Authority	Title of Transferring Authority	Date
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RETURN OF SERVICE - Pursuant hereto, I have this _____ day of _____, 19_____, executed the above order and committed the inmate to the institution indicated.

Signature	Name
Title	Agency

For transfer to CTC'S, complete the following:

Projected Release Date	Type of Release
Scheduled date and time of departure	Scheduled date and time of arrival

Transportation information